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CONFIRMATION NO. 3436

<b>SERIAL NUMBER</b> 10/058,630	<b>FILING OR 371(c) DATE</b> 01/28/2002 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1637	<b>ATTORNEY DOCKET NO.</b> 07039-355001	
<b>APPLICANTS</b> Michael L. Camilleri, Rochester, MN; Raul A. Urrutia, Rochester, MN;					
<b>** CONTINUING DATA *****</b> <i>None TS</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>None TS</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 04/03/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Teresa Stuebelia TS</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 26191					
<b>TITLE</b> Predicting patient responsiveness to serotonergic therapy					
<b>FILING FEE RECEIVED</b> 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		